

RECORD  
WRITE PLAINLY WITH UNFADING INK  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the  
in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Maricopa</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>129</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>797</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			No. _____ St. _____ Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		If child is not yet named, make supplemental report, as directed.
2. Full name of child <u>Clement Padilla</u>			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Legitimate <u>yes</u>	5. No., in order of birth <u>4</u>
6. Date of birth <u>Oct. 12-1924</u>		Month day year	
FATHER		MOTHER	
Full name <u>Salvador Padilla</u>		Full maiden name <u>Ester Soto</u>	
9. Residence (Usual place of abode) <u>Miami Ariz</u>		15. Residence (Usual place of abode) <u>Miami Arizona</u>	
10. Color or race <u>Mex.</u>		16. Color or race <u>Mex.</u>	
11. Age at last birthday <u>28</u> (Years)		17. Age at last birthday <u>24</u> (Years)	
12. Birthplace (city or place) <u>Jalisco Mex.</u>		18. Birthplace (city or place) <u>Jalisco Mex.</u>	
13. Occupation <u>Miner</u>		19. Occupation <u>Housewife</u>	
20. Number of children of this mother (a) Born alive and now living <u>4</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was _____ at _____ P. M. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Cyril M. Brown M.D.</u>	
Given name added from a supplemental report _____		Address <u>Miami, Ariz.</u>	
Month, day, year. _____		Filed <u>Oct 31</u> 19 <u>24</u>	
Registrar. _____		Filed <u>11-5</u> 19 <u>24</u>	
		Local Registrar. _____	
		County Registrar. _____	

571-1012-526